

FORM DLN MO-1120X (REV. 08-2011)

FOR TAX YEAR BEGINNING	, 19	EN	IDING			, 19	Э
☐ A. CONSOLIDATED MO RETURN ☐ B. CONSOLIDATED FED/SEPAR	RATE	MO RETUR		C. FINAL RETURN			
□ D. NAME, ADDRESS CHANGE □ E. FEIN CHANGE BUSINESS NAME				F. BANKRUPTCY D. NUMBER	2 110	_	
BOOTNESS WANTE				DOI	R USE NLY		1
CORPORATION NAME			MO CHARTER NUMBER FEDERAL I.D. NUMBER				
NUMBER AND STREET			NAME USED ON ORIGINAL RETURN (IF SAME AS ON LEFT, WRITE "SAME")				
CITY OR TOWN, STATE, ZIP CODE			PARENT F	FEDERAL I.D. NUMBER	DOR I ONI		
REASON FOR AMENDMENT					ONL	- Y	
CHECK ONE BOX INDICATING THE REASON FOR THIS AMENDED MISSOURI RETURN. THE APPLICABLE FEDERAL FORM 1139, 1120X, 4549,							
4549A, AND/OR 5278 MUST BE ATTACHED. THIS INCLUDES CONSOLIDATED FEDERAL/SEPARATE MISSOURI FILERS. DOR USE ONLY							
☐ A. MISSOURI CORRECTION ONLY ☐ B. FEDERAL CORRE	ECTIO	ON □ C.	NET OP	ERATING LOSS			
□ D. INVESTMENT TAX CREDIT CARRYBACK □ E. IRS AUDIT (RAR)		(A) 40 0D					
INCOME AND DEDUCTIONS		(A) AS ORIGINA REPORTED OR ADJUSTE		(B) NET CHANGE (INCREASE/DECREASE)	(C) CORRECT AMOUNT		
FEDERAL TAXABLE INCOME - An amount should always be entered. If the amount is less than zero, zero must be used in the computations	1		(00 00	•		00
2. Total Additions	2			00 00			00
Missouri Modifications - Subtractions	3		(00 00	•		00
Missouri Dividends Deduction	4		(00 00	•		00
5. FEDERAL INCOME TAX	5		(00	•		00
6. MISSOURI TAXABLE INCOME - Line 1 plus Line 2, less Lines 3, 4 and 5.	6		(00			00
7. Apportionment Method ▶ and Percentage	7	•	1 1,	% - %	•		ı, %
8. MISSOURI TAXABLE INCOME - MO Sources - Line 7 times Line 6	8		(00			00
9. ENTERPRISE ZONE INCOME MODIFICATION ►	9		(00			00
10. MISSOURI TAXABLE INCOME - Line 8 less Line 9	10		(00			00
TAX					1		-
11. MISSOURI TAX (5% of Line 10, except as instructed below)	11		(00	•		00
NOTE: For all tax years beginning on or after January 1, 1990, but not after December 31, 1991, use the income rates below:							
MISSOURI TAXABLE INCOME ON LINE 10:							
OVER BUT NOT OVER TAX RATE ON EXCESS OVER \$0 \$100,000 5% \$0 \$100,000 \$335,000 \$5,000 + 6% \$100,000 \$335,000 \$19,100 + 6.5% \$335,000							
12. Recapture of Missouri Low Income Housing Credit (See instructions) (Attach a copy of Federal Form 8611)	12		(00	 		00
13. TOTAL TAX - Add Lines 11 and 12	13		(00	•		00
CREDITS, PAYMENTS AND OVERPAYMENTS							
14. Total credits (from attached Form MO-TC, Line 14) ▶.	14		(00			00
15. Estimated tax payments (include overpayment in prior year approved as a credit for this year)							00
16. Payments on Form MO-60.							00
17. Tax paid with (or after) the filing of the original return							00
18. Total of Column (C), Line 14 through Line 17					-		00
19. Overpayment, if any, as shown on original return or as later adjusted					. •		00
20 Subtract Line 19 from Line 18							00

FORM MO-1120X PAGE 2 **REFUND OR TAX DUE** (C) CORRECT AMOUNT 21 00 21. Overpayment - Column C, Line 20 less Line 13 22. Amount remitted or amount of overpayment to be contributed to the Trust Funds Children's Trust Fund Veterans Trust Fund 00 00 22h. 22a 23 00 Overpayment to be credited to Estimated Tax (see instructions) 00 24 00 TAX DUE - Column C, Line 13 less Line 20 25 00 Underpayment of Estimated Tax (Attach Form MO-2220 or Form 30C) 26 00 27 27. 28 00 28 00 TOTAL DUE ▶ 29 **DOR USE ONLY** PART 1 - LOSS CARRYBACK OR TAX CREDIT CARRYBACK If a Loss Carryback or Tax Credit Carryback is involved in this amended return, complete the following. Consolidated Federal/Separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the Federal Consolidated Form 1139 or 1120X showing the carryback or page 1 of the Federal Consolidated Form 1120 for the year of the loss to verify that only the separate company had the loss. Also, enclose a copy of the consolidated income statement for this year and the year of the loss. D 1 00 2 00 3 00 PART 2 - ALLOCATION AND APPORTIONMENT OF INCOME IF FILING FORM MO-MS, COMPLETE THIS PORTION OF THE FORM IN ITS ENTIRETY USING INFORMATION FROM THE FORM MO-MS. (CHECK APPROPRIATE BOX) 00 1. Federal Net Operating Loss deduction 1 THREE FACTOR APPORTIONMENT . SINGLE FACTOR APPORTIONMENT . 00 2 00 3 00 4 Non-Missouri source income 5 00 00 Total Missouri sales 6 7 00 00 Nonbusiness income - all sources 8 00 Nonbusiness income - Missouri sources 9 **AUTHORIZATION/NON-AUTHORIZATION** I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of ☐ YES DOR his/her firm, or if internally prepared, any member of the internal staff. USE If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically ONLY **SIGNATURE - PLEASE SIGN BELOW** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return. I declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services, and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services \Box F SIGNATURE OF OFFICER PREPARER'S SIGNATURE DATE TITLE OF OFFICER PHONE NUMBER PREPARER'S ADDRESS AND ZIP CODE PHONE NUMBER \square P

MAKE CHECK OR MONEY ORDER PAYABLE TO "MISSOURI DEPARTMENT OF REVENUE". INCLUDE YOUR MISSOURI TAX IDENTIFICATION

NUMBER ON YOUR CHECK. MAIL TO: P.O. BOX 700, JEFFERSON CITY, MISSOURI 65105-0700.

MO 860-0856 (10-2010)